

Medicaid Eligibility Handbook  
Worksheet Section

**MEDICAID PURCHASE PLAN (MAPP)  
PREMIUM CALCULATION WORKSHEET**

Client Name		Social Security Number		Filing Date
Cares Case Number		Worker Name		Pin Number
Benefit Month		mm/dd/ccyy	mm/dd/ccyy	mm/dd/ccyy
<b>Adjusted Countable Unearned Income</b>				
1.	Enter Client's Gross Monthly Income (if client's total monthly income is less than 150% of FPL (MAHB 30.6.0), skip lines 2-10 and enter -0- on Line 11.	\$	\$	\$
2.	Enter Client's Gross Monthly Unearned Income.	\$	\$	\$
3a.	Enter Standard Maintenance Allowance.	\$	\$	\$
3b.	Enter Client's Monthly IRWE Expenses (see IRWE worksheet).	\$	\$	\$
3c.	Enter Client's Monthly Medical/Remedial Expenses.	\$	\$	\$
3d.	Add lines 3a, 3b, and 3c and enter the total unearned income allowances.	\$	\$	\$
3e.	Enter Client's Special Exempt Income	\$	\$	\$
4.	Subtract Line 3d and 3e from Line 2 and enter the amount here. (This is the Adjusted Countable Unearned Income.) If this is a negative amount, put this value, as a positive number, on Line 6.	\$	\$	\$
<b>Adjusted Earned Income</b>				
5.	Enter Client's Total Gross Monthly Earned Income.	\$	\$	\$
6.	Enter amount from Line 4 (if that result was a negative number. If #4 is an amount less than 0, enter this amount here.	\$	\$	\$
7.	Subtract Line 6 from Line 5. (This is the Adjusted Earned Income.)	\$	\$	\$
<b>Total Premium</b>				
8.	Multiply the amount on Line 7 x .03.	\$	\$	\$
9.	Enter the Amount on Line 4 (if the amount is less than -0-, enter -0-.	\$	\$	\$
10.	Subtotal: Add Line 8 and Line 9.	\$	\$	\$
11.	Total Premium: Find the income range within which the amount on Line 10 falls. Enter the Premium Amount associated with this range in this box.	\$	\$	\$

Enter the Name of the Individual receiving monthly billing statement if other than individual listed above:

Name (First, MI, Last)